

Colorado Secretary of State
Elections Division
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SOS Approved 07/05



VOTER REGISTRATION DRIVE STATEMENT OF INTENT

C.R.S. (1-2-701; 1-2-702; 1-2-703)

Voter Registration Drive Organizer:

Name of Organization: _____

Address: _____

Telephone No.: _____ E-Mail: _____

Parent Organization (if applicable):

Name of Organization: _____

Address: _____

Telephone No.: _____ / _____ / _____ E-Mail: _____

Voter Registration Drive Agent:

(Must be a Colorado resident)

Name: _____

Address (Physical): _____

Address (Mailing): _____

Telephone No.: _____ / _____ / _____ E-Mail: _____

In which county or counties will the organization be conducting the voter registration drive? _____

I UNDERSTAND THAT PRIOR TO CONDUCTING A VOTER REGISTRATION DRIVE I MUST COMPLETE THE SECRETARY OF STATE TRAINING PROGRAM AND I MUST PROVIDE THE SAME TRAINING TO ALL PERSONS PARTICIPATING IN THE VOTER REGISTRATION DRIVE.

ORGANIZER SIGNATURE

DATE

PLEASE PRINT NAME

SECRETARY OF STATE/COUNTY CLERK USE ONLY

Information Verified: _____

Verifier: _____

SOS Assigned Number: _____

Registration expires December 31 of this year.